

TOM SCHEDLER  
SECRETARY OF STATE

STATE OF LOUISIANA  
SECRETARY OF STATE



Commercial Division  
(225) 925-4704

Fax Numbers  
(225) 932-5317 Administrative Services  
(225) 932-5314 Corporations  
(225) 932-5318 UCC

**TRANSMITTAL INFORMATION  
For All Business Filings**

Please indicate below the level of service requested, payment and contact information

☐

Routine

☐

Expedite \$30  
24 hour processing

☐

Check or Money Order Enclosed

☐

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Business Name (List **exactly** as it appears in documents)

Name of person filing document (evidence of filing will be mailed to this person, at address below)

Address

City

State

Zip Code

Daytime phone number

Fax number

Email address

**NOTE: Louisiana Law requires all Louisiana notaries to print or type their name and notary or bar roll number on the document.**

Mailing Address: P. O. Box 94125, Baton Rouge, LA \* 70804-9125  
Office Location: 8585 Archives Ave., Baton Rouge, LA \* 70809  
Web Site Address: [www.sos.la.gov](http://www.sos.la.gov)

Tom Schedler  
Secretary of State



## NOTICE OF CHANGE OF MEMBERS AND/OR MANAGERS OF A LIMITED LIABILITY COMPANY

Enclose \$25 Filing Fee  
Domestic Limited Liability Company  
Make remittance payable to Secretary of State

*Do Not Send Cash*

Return to: Commercial Division  
P. O. Box 94125  
Baton Rouge, LA 70804-9125  
Phone (225) 925-4704  
Web Site: [www.sos.la.gov](http://www.sos.la.gov)

**Limited Liability Company Name:** \_\_\_\_\_

### REMOVAL OF MEMBERS AND/OR MANAGERS

Notice is hereby given that the above named limited liability company authorized the removal of the following:  
*Only the titles indicated will be removed.*

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
To be signed by a member or manager

\_\_\_\_\_  
Date

### ADDITION OF MEMBERS AND/OR MANAGERS

Notice is hereby given that the above named limited liability company has authorized the addition of the following: *Only the titles indicated will be added.*

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Municipal Address

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Municipal Address

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Municipal Address

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Municipal Address

\_\_\_\_\_  
To be signed by a member or manager

\_\_\_\_\_  
Date

## **INSTRUCTIONS**

1. This form is to be used when an existing domestic limited liability company changes the Member(s) and/or Manager(s).
2. The Change of Member(s) and/or Manager(s) must be signed by a manager, if management of the limited liability company is vested in one or more managers, or by at least one member, if management of the limited liability company is reserved to the members.